

P12000092605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

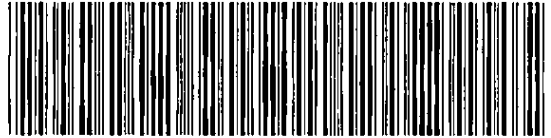
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/07/24--01018--017 **52.50

FILED
2024 NOV 12 AM 11:02
SECRET
FBI/DOJ

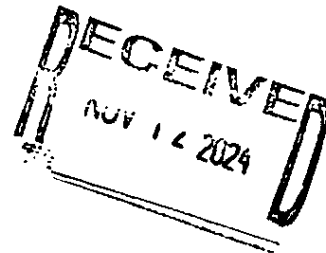


FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2024

SANTA RICHMAN
7935 SE HEMPSTEAD CIRCLE
HOBE SOUND, FL 33455

SUBJECT: MRI ADMINISTRATION SOLUTIONS CORP.
Ref. Number: P12000092605



We have received your document for MRI ADMINISTRATION SOLUTIONS CORP. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a NOT FOR PROFIT CORPORATION, but your entity is a FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah Lefeavers
Regulatory Specialist III

Letter Number: 124A00023414

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Corporate Dissolution

DOCUMENT NUMBER: P12000092605

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Santa Richman
(Name of Contact Person)

MRJ ADMINISTRATION SOLUTIONS CORP
(Firm/Company)

7935 SE Hempstead Circle
(Address)

Hobe Sound, FL 33455
(City/State and Zip Code)

For further information concerning this matter, please call:

Santa Richman at (917) 533-6119
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

MRI ADMINISTRATION SOLUTIONS CORP

SECOND: The document number of the corporation (if known): P12000092605

THIRD: The date dissolution was authorized: 10/01/2024

Effective date of dissolution if applicable: 10/01/2024

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature: _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Santa Richman

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35

FILED
2024 NOV 12 AM 11:03
STATE OF FLORIDA
CLERK OF THE COURT

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: MRI ADMINISTRATION SOLUTIONS CORP

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

10/01/2024

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

Company Name

Reason for claim and Support thereof

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

7935 SE Hempstead Circle

Hobe Sound, FL 33455

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Santa Richman

Printed Name of the Person Filing

Santa Richman

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00